



EYE DONATION PLEDGE FORM

I hereby give consent to donate my eyes after death for the purpose of transplantation, medical education or research.

DONOR NAME: _____

AGE: _____ SEX: M / F TEL NOS: _____

ADDRESS: _____

DATE: _____

DONORS SIGNATURE: _____

WITNESS: 1. _____ 2. _____

PLEASE DROP THIS FILLED FORM AT ANY OF OUR OUTLETS

Dial Toll-free: 1919 for eye donation